

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO. **107595857**
 APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					14	
TOTAL DEP.					49	
TOTAL CLAIMS					63	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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